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APPLICANTS

Eleanor L. Schuler, Rio Rancho, NM;  
 Claude K. Lee, Reno, NV;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/248,068 11/14/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/07/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY NM	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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ADDRESS  
 Francis Law Group  
 1942 Embarcadero  
 Oakland, CA  
 94606

TITLE  
 Device and procedure to treat cardiac atrial arrhythmias

FILING FEE  RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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